

*Young Adults and Access Contraceptives in America:
The Affordable Care Act and Planned Parenthood*

An Honors Thesis (HONR 499)

by

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Abstract

In this thesis I will discuss the history of the Affordable Care Act that was passed by President Obama in 2010, the history of Planned Parenthood and its current usage, and what, if any, effects the two have had on the ability of young adults in America to access birth control. The issue of reproductive rights is one that is important to me, therefore my thesis advocates for the support of government-funded birth control and disagrees with President Trump's current attempts to repeal the Affordable Care Act bill. I also talk about my personal experience at Planned Parenthood as an example of the positive impact the organization is making for college adult women.

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This thesis would not have been possible without the help of Dr. Jason Powell and the other students in our Honors 499 class. His guidance and the class structure allowed me to create a thesis that I can safely say is much better than what I would have produced on my own.

I want to thank my parents who always believed I was capable of doing anything and who helped finance my college education. I also want to thank all the friends I made along the way at Ball State University.

And finally I want to thank you for reading this. I put a lot of blood, sweat, and tears into this, so I hope you enjoy.

Process Analysis

When I first begin the process of creating my honors thesis, I was completely uncertain where I wanted to start. I wanted my thesis and all the work I was going to put into it to be about something meaningful to not just myself, but others who would be reading it. Over my time at Ball State, I found myself being drawn into issues of inequality and social justice. I even decided to add a Women and Gender Studies minor halfway through my second year after taking only one class on the subject, because I enjoyed it so much. Following this vein, I knew I wanted my honors thesis to reflect this newly ignited passion. As I mulled over the ways that I could incorporate women's rights into my thesis I could not help but notice the news coverage and hear the talk about the current state of politics in our government. Specifically the fact that many people, including President Trump, want to limit how much federal support and money is going towards women's reproductive health care. And so I found my topic to write about.

When I began my research I had ideas about what time of information I wanted to look for and how I would use it in my theiss. But I also found myself reading the articles for fun. This was information that I was genuinely enthused to learn about. One portion of my research focuses on Planned Parenthood. My backpack has sported an "I support PP" button ever since I attended a fundraising event for the organization last semester. I found myself drawn to learning as much as I could about the organization through my thesis research. It even ended up helping my make a decision about my personal health. For several months I had been weighing the pros and cons and going for the first time to a Planned Parenthood clinic for birth control. After reading about all of the hard work that has gone into Planned Parenthood and the positive differences they strive to make in their patients' lives, I decided to check the place out for

myself. So I went, I had a great experience, and I had something more personal to contribute to my thesis.

Another personal benefit of my thesis research was learning a lot more about politics and laws in America. Although I only focused on the Affordable Care Act and the related political discourse, it still gave me a foundational knowledge on the inner works of our government. And I now feel more confident in my abilities to articulate my political beliefs because I am more informed. Even as I write this new developments are happening in President Trump's attack on the Affordable Care Act. I guarantee that more more discussions will be had regarding reproductive health care in America, and maybe even changes made, in the coming weeks, months, and years after my thesis is submitted.

Some of the challenges I faced in creating my thesis were more technical and organizational. What really helped me overcome these challenges was the Honors 499 class on thesis writing. Through this class I received invaluable advice and guidance that helped me craft a final product that I am very proud of. I knew that I wanted to look in depth at Planned Parenthood and the Affordable Care Act, and find the connections between the two including birth control for young women. But it took some thinking to decide upon the structure of my paper. I settled on beginning with a look into the birth of the Affordable Care Act since it has been under so much attack from the government lately. Following the implementation of the bill there is a quick update on President Trump's current attempts to reduce the scope of the Affordable Care Act and how that would impact Americans. Then my thesis dives into a condensed background of Planned Parenthood and the work they do currently with birth control. I also include my personal experience at Planned Parenthood as an example why this

organization is so important to young women like me as well as those who are not as privileged as I am. Overall, I hope that my thesis creates a flow from one subject to the next and in the end the two come together to illustrate the importance of easy access to birth control for young adults in America.

I also faced a bit of a challenge with the best way to present my research. Before I started writing I strongly believed that all academic papers should be as objective, detached, and unbiased as possible. My plan was to just state the facts about the Affordable Care Act and Planned Parenthood and then tie the two together with some information on birth control. But this aloof attitude was hard to maintain throughout the paper, because I have so much passion for the subject. Based on the advice of my thesis advisor, Dr. Jason Powell, I realized that it would better my paper to include this stance. In the end, my thesis was very clearly making a strong case for support of reproductive rights and Planned Parenthood, and very clearly did not approve of President Trump's attempts to get rid of the Affordable Care Act. So I embraced this message and incorporated its importance throughout my writing. I hope that as my thesis is read it makes a compelling argument to the reader and that the evidence I provide might even change someone's mind.

Introduction

When President Obama was elected in 2008 he set out to make changes to health care in America. In order to keep one of his campaign promises, Congress began work on a new bill that would do many things for health care in America, including expanding insurance coverage for young adults in their early twenties. The effects of this insurance expansion became clear in the years after the passage of the bill known as the Affordable Care Act. Because more young adults found themselves with insurance they were able to afford more doctor's visits and medical devices. In particular, fertility rates dropped ten percent as the number of young adults choosing to get long-term birth control increased. Planned Parenthood is one of the only nationwide organizations that specializes in reproductive health care and therefore is one of the main locations where young adults receive their contraceptives. Unfortunately, with the election of President Trump, governmental goals have changed and there is now a push from more conservative groups to cut down on or even repeal the Affordable Care Act and to defund Planned Parenthood all together. I argue that this would be detrimental to the reproductive health of young adults in America and that it would cause many people to lose their access to contraceptives as they will no longer be able to afford it or have a clinic to attend.

History of the Affordable Care Act

When it was time to begin work on creating a new national health care bill, the process was more involved than one might think. The history of the Affordable Care Act is a long one that actually begins by acknowledging that the idea for this bill did not begin in a vacuum and that the "the history of health care legislation can be seen as taking place over the course of an

entire century, from Theodore Roosevelt's advocacy for a health care system to Bill Clinton's failed effort in 1993" (Cannan 136). Historically, there have been many different forms of health care bills and legislations, each with its own intentions and process. For the bill that would become the Affordable Care Act, in the early part of 2009, President Obama "laid out the broad principles and goals that he wanted in a health care bill and left it to the House and Senate to provide the legislative details" rather than issuing an executive order of his own first (Cannan 137). President Obama decided to use this route to produce the bill instead of the more traditional way, because in the past bills crafted by the president and then introduced to Congress often failed to pass. This way the bill could be edited by Congress as it was created and the end result would be more likely to be pass.

In July 2009, House bill 3200: America's Affordable Health Choices Act was the first official form of the bill to exist. House bill 3200 then went through an extensive amount of markups and amendments in a short few months in an attempt to please a majority of the House members enough to pass it. Unfortunately House bill 3200 ended up being taken over by House bill 3962 which had more support and came out of a negotiation among different sections of the House Democrats. House bill 3962 had some similar elements to 3200, but it also contained more legislation that compromised with other House committees. As a side note, most of the work on the House bills came from the House Democrats, because the Democratic party was more strongly in favor of a health care bill than the Republicans. According to Gallup polls, in July 2009 seventy-four percent of Democrats supported President Obama's health care initiative while only eleven percent of Republican voters supported it (Jones). Using a special House

resolution in early November, House bill 3962 was quickly moved to the floor, tweaked some more, and ultimately passed by the House and moved on to the Senate three days later.

The Senate had also been crafting some bills of its own regarding health care. In September 2009 legislation entitled the Affordable Health Choices Act officially became Senate bill 1679. Through the process of markups and amendments this bill died before reaching the Senate floor and was overtaken by Senate bill 1769 which “included elements common to its predecessors” such as “individuals would be required to obtain insurance. Those in lower and middle income brackets could do so through nonprofit cooperatives and would have the benefit of subsidies. Medicaid would be expanded to cover those with the lowest incomes” (Cannan 148). These were very important features in particular since insurance coverage for a majority of Americans was a main component of President Obama’s campaign platform. Efforts were then made to merge aspects of both Senate bills to create one piece of legislation to take to the floor. This type of “cut and paste” procedure was also used to merge the bill from the House in order to get one step closer to creating one, strong health care law.

At this point, the process of combining the House bill and Senate bill into one was not going smoothly and other factors like political differences between the Democrats and the Republicans were affecting the process as well. “For the first time in over two years of polling, voters trust[ed] Republicans slightly more than Democrats on the handling of the issue of healthcare” with a result of forty-four percent of trust for the Republicans compared to forty-one percent for Democrats and President Obama (Roff). It was decided that an amendment could only be passed if it had a sixty-vote majority regardless of which party introduced it to the floor. This worked in everyone’s best interests as “democrats were able to get the bill debated and

amended in a form guaranteed to reach the sixty votes needed and... Republicans were given the chance to voice their concerns and draw distinctions between themselves and their opponents concerning a bill that they believed was losing public support” (Cannan 155). Finally the Senate passed a compilation of Senate bills, amendments, and House bills and renamed it the Patient Protection and Affordable Care Act in December of 2009 because Democrats were able to get exactly sixty votes in support.

Disaster struck just as Democrats were hopeful of passing a health care bill before President Obama’s State of the Union address in January 2010, Democratic Senator Ted Kennedy passed away and was replaced by Massachusetts’ voters with Republican Scott Brown. This ruined the security of the Democrats to secure the sixty votes needed for a filibuster-proof majority. One of the simplest solutions according to an analysis of the Affordable Care Act’s history by John Cannan in 2017 “would be for the House to pass the Senate bill, but House Democrats were uneasy with several provisions in that legislation. Another was to strip the legislation down to its most popular components and pass those either individually or as a single bill,” but that was not ideal for Democrats either (Cannan 159). Instead it was decided to invoke a complicated, often used practice called reconciliation as a major policy implementation tool to help out the Patient Protection and Affordable Care Act. Reconciliation has relatively few procedural obstructions and as been used “since the Reagan administration by both Republican and Democratic Congresses for laws tangentially related to the budget,” like Medicare reform and other health related items. According to Senator Judd Gregg in 2005 “all this rule of the Senate does is allow a majority of the Senate to take a position and pass a piece of legislation,” although, of course, there have been conflicting opinions from both parties on the legitimacy of

the process, depending on who is using it to what advantage (Cannan 161). Even Senator Judd Gregg contradicted himself in 2009 by calling reconciliation “something that has nothing to do with bipartisanship... you are talking about running over the minority, putting them in cement, and throwing them in the Chicago River” (Cannan 161). So the use of reconciliation with the health care bill was a risky and complicated one, but it seemed to be the best chance for a health care bill to reach the President for his signature.

Work continued on with President Obama himself helping to initiate discussions of what reconciliation should look like in February 2010. In March, House leadership worked on assembling votes and negotiations continued. A draft of reconciliation-an “Amendment in the Nature of a Substitute”-was revealed at the end of March. It “contained one hundred and fifty-three pages of changes to the Senate version of the House bill” (Cannan 164). It seemed like health care legislation would be forever trapped in the loops of amendments and never given the chance to see the light of day. Finally two bills were ready to be voted upon and, if passed, sent to the President for his signature. First was House bill 3590 as amended by the Senate and the second would immediately follow and be House bill 4872 which was the reconciliation package. Both pieces were needed to work together although they were voted upon individually. In the spirit of fairness, debate was allowed to happen although only for two hours, evenly split among the two political parties and there would be no more amendments allowed. On March 21, 2010 the House finally passed the Senate amended version of House bill 3590, which now awaited its companion bill for President Obama’s approval. At 9:02 pm on March 25, 2010, House bill 4872 was deemed acceptable and passed into the hands of President Obama for signing.

There is one last piece of the history of the Affordable Care Act to consider and that is its judicial review. While a majority of Democrats agreed with President Obama on health care reform, there existed strong opposition to the legislation; some came from Republicans and in the form of public voter opinion. The Supreme Court ended up having to hear “five and a half hours of arguments over three days, with each day covering a particular issue” from the legislation (Cannan 168). But finally, in June 2012 the Supreme Court reached a final decision to uphold the Affordable Care Act’s individual mandate.

President Obama was able to complete one of his major platform promises and bring to life new health care laws for the American people. As can be seen from the history of the bill and its journey to being passed, there has always been controversy surrounding it. The dissent comes mainly from conservative and Republican platforms. In November 2016 President Trump was elected from the Republican party. One of his campaign pledges was to immediately begin work on repealing the Affordable Care Act. Nicknamed by President Trump and many people as “Obamacare,” it is mainly disliked for using government funds to “provide affordable health care for all Americans” (Jost and Lazarus 1201). Another critique of the Affordable Care Act from conservatives is that some people may use their insurance to cover medical procedures that go against conservative values such as birth control for women or hormones and surgeries for transgender patients. Within a few hours of taking the oath of office, President Trump created an executive order promising to “one day” repeal the Affordable Care Act. However, because of the long, complicated, and particular path the Affordable Care Act took to become law, it cannot just be undone with a single executive order.

According to consumer advocate Ron Pollack, this action by President Trump was really just “much ado about very little” (Jost and Lazarus 1201). As it turns out, the Affordable Care Act cannot be repealed by an executive order. Since it is a statute that was enacted by Congress, only Congress can vote to repeal or modify it. President Trump’s order only “provides instructions or guidelines as to how Trump wants responsible agencies to exercise their discretion in interpreting and applying requirements... only to the maximum extent permitted by law” (Jost and Lazarus 1201). Although President Trump and his supporters still appear to be very determined to repeal or amend “Obamacare” the only way that would happen is if in the future they could garner the support of several federal agencies as well as state regulators to work together. The strong feelings and controversy that still surround the Affordable Care Act are, for now, just talk and despite the talk the bill is still legally functioning for Americans.

Effects of the Affordable Care Act on Young Adults

The Affordable Care Act is, as the name implies, legislation that affects insurance and health care for a majority of Americans. One group in particular that has felt the benefits of the Affordable Care Act in the years since it has been enacted is young adults age twenty to twenty-five. The Affordable Care Act expanded insurance coverage for young adults by allowing them to remain on their parents’ insurance until they turn twenty-six “regardless of their marital status, student status, or whether they have children” (Abramowitz 2). Before this new regulation “young adults who were not enrolled in school generally became ineligible for coverage under their parents’ private health insurance plans when they turned nineteen years old, while students generally aged out when they turned twenty-four years old” (Abramowitz 2). This expanded

insurance coverage means that young adults are able to have access to more health care services than they would if they were uninsured and unable to afford a doctor, clinic, or medicines. One area in particular that has been affected by this is reproductive health care for young adults. More specifically, now that young adults are remaining insured they have a greater access to and are more able to afford contraceptives, family planning services, and reproductive health services.

According to a study done by Joelle Abramowitz and published in 2017, “results suggest that the [Affordable Care Act] is associated with decreases in the likelihood of having given birth and abortion rates and an increase in the likelihood of using long-term hormonal contraceptives,” which are much more effective in preventing pregnancies than non-hormonal birth control methods. Abramowitz’s study synthesizes data gathered from several other studies and information on population, birth rates, and demographics from the years since the bill was enacted. In general, the literature on this topic shows that any “health insurance coverage has been found to be associated with increased use of contraceptives” (Abramowitz 4). An example of this can be seen in 2009 when “an expansion of Medicaid family planning services reduced overall birth rates due to increased contraceptive use and has also been found to reduce levels of unprotected sex and increase the use of more effective contraceptive methods” (Abramowitz 4-5). Furthermore, another study in 2015 found that “state health insurance mandates for coverage of contraception were associated with an increase in the likelihood of contraceptive use and a decrease in the abortion rate” (Abramowitz 5). In the research compiled by Abramowitz, it can be seen that this trend has continued to be true with the expansion of insurance coverage under the Affordable Care Act. Results show that after the start of the Affordable Care Act there was a “10.0 percent decrease in the fertility rates of twenty to twenty-five years old as compared

to before provision enactment,” and one of the factors that can be linked to this decrease in fertility rates is that with insurance more young adults are able to access contraceptives and so are not becoming pregnant at as high a rate (Abramowitz 11). Results have also found that there has been a “significant increase in the use of long-term hormonal contraceptives including shots and implants... results for non hormonal contraceptives (condoms and other barrier methods, withdrawal) are negative” and suggest a trend of young women switching to using more effective methods over less reliable ones now that they have insurance coverage of those methods (Abramowitz 19). Overall, the evidence is clear that the Affordable Care Act has lowered fertility rates and has increased the use of more effective contraceptives in the young adult population that was able to gain coverage under their parents’ insurance. Abramowitz ends with a warning that since this is true, “it follows that limiting the breadth” of the Affordable Care Act like President Trump is attempting to do “could lead to increases in unplanned pregnancies and births as well as increases in abortions” and supports why the bill should be protected (Abramowitz 22).

Planned Parenthood

One place that provides these contraceptive services for young adults in particular is Planned Parenthood. According to their mission statement found at plannedparenthood.org, the purpose of Planned Parenthood is made up of several goals including “working to educate and empower communities, providing quality health care, leading the reproductive rights movement, and advancing global health. Planned Parenthood believes sexual and reproductive health rights are basic rights.” One category that falls squarely in the of Planned Parenthood’s goals is access

to contraceptives and reproductive health care. Because of the services they offer and the type of health care organization they are, Planned Parenthood is directly affected by health care and insurance legislations like the Affordable Care Act. And while many opponents of the Affordable Care Act also dislike Planned Parenthood, it is clear that a good percent of the general public support the organization with one in five women in the United States having chosen to go there at least once in their lives (plannedparenthood.org).

Planned Parenthood was founded in 1916 by Margaret Sanger, a well known women's rights activist. She "grew up in an Irish family of eleven children in Corning, New York. Her mother, in fragile health from many pregnancies, including 7 miscarriages, died at age 50," and this tragedy, combined with Sanger's work as a nurse, led to her decision to travel to Europe and learn about birth control methods (plannedparenthood.org). With her new knowledge Sanger opened a birth control clinic in America, but she was shut down after only nine days by the police and spent thirty days in jail. Even from the beginning Planned Parenthood faced strong opposition. Planned Parenthood as we know it today was actually the product of a merger between the American Birth Control League and the Birth Control Clinical Research Bureau in Manhattan in 1923. Sanger worked hard and in 1936 there was a "court ruling that birth control devices and information would no longer be classified as obscene, and could be legally distributed in New York, Connecticut, and Vermont. It took another 30 years for these rights to be extended to married couples (but just married couples) throughout the rest of the country," but it was eventually no longer illegal (plannedparenthood.org). Over the years, the organization extended itself to cover all kinds of information on birth control, sex, and reproductive health.

In 2016 Planned Parenthood celebrated its one hundredth year of service to patients all across the country. According to the most recent annual report which from that year, the organization serviced over two and a half million patients. This figure includes services such as reproductive health care, cancer screening, contraceptives, STI screenings, pregnancy care, and more. Using the data from this annual report, it can really be seen how important Planned Parenthood is to its patients and how much of its business is done in contraceptives and reproductive health care, even though it has had to face three separate bills in 2017 alone that attempted take away their funding from the Affordable Care Act.

One of the best ways to see the direct impact of Planned Parenthood on contraceptive access in the United States is to look at the numbers. According to the annual report from last year 2.7 million patients went to the clinic for birth control information and services. As discussed in the study above, many more people have been able to gain access to long-term contraceptives because the Affordable Care Act allows them to have the insurance to do so. That number at Planned Parenthood for 2016 to 2017 was 1.9 million patients receiving contraceptive devices. A further breakdown of their services shows that those 1.9 million contraceptive patients equals over one fourth, or twenty eight percent to be exact, of the total reproductive services offered at Planned Parenthood. They have also had a three hundred and twenty percent increase in patients since the year before, and while not all of these patients received contraceptives, it is doubtful that the increase would have been so high had the Affordable Care Act, and the coverage it offers, been repealed.

In the Abramowitz study, the author specifically mentions that long-term contraceptive use has seen the greatest increase under the Affordable Care Act. This includes hormonal

methods like injectables, rings, and patches as well as IUCs and implants. A breakdown of contraceptive services used in 2016-2017 at Planned Parenthood shows that forty percent of all services would be classified as long-term by Abramowitz. While this number is less than half of the total types of contraceptives used, long-term methods such as IUCs are usually more expensive in nature and thus are not used as often. Unfortunately, older reports from Planned Parenthood do not breakdown contraception use into the different times so it cannot be seen in the data if this number has increased at their locations. What is clear, however, is that Planned Parenthood has been an important resource for providing reproductive services and contraceptives to many people, particularly to demographics that might be unable to obtain them through other, more expensive means.

Case Study

In order to bring a little insight into how Planned Parenthood works and why it might benefit young women between the ages of twenty to twenty-five years old, I thought it might help to hear about my personal experience getting an intrauterine contraceptive or IUC. Due to being at an in between place in my life, because I am attending college several hours away from my home and my regular doctors, I decided that Planned Parenthood would be a good resource for receiving contraception without requiring several months of appointments before I could get the device. Just as a disclaimer, my situation is a favorable one, because I had a choice as to where I wanted to go to receive reproductive health care. This is a privilege that not everyone has and a majority of the patients at Planned Parenthood go there because it is what they can afford, not simply because they want to. This reality makes it even more impressive that Planned

Parenthood provided what was, in my opinion, a high quality level of care at a very affordable cost. It would be easy for such an organization to skimp on quality of care in order to match the low rates it charges and patients who could not afford higher prices would be forced to continue coming back.

To begin with, I made my appointment with Planned Parenthood online. It was very easy to do. First I was shown all of the locations nearest me and then was prompted to pick what service I was looking for. In this case it was an IUC insertion. Unfortunately the service was not provided at that location, but the website helpfully guided me to pick the next closest location that does offer it. As it turns out IUC insertion is a more specialized service and so I had to pick a Planned Parenthood location about an hour away from me. Then the website showed me the available days and times and I made an appointment. After setting up my appointment time I had to enter some information, such as name, contact information, and whether or not I had insurance. According to the Affordable Care Act and my age, I am still covered under my father's insurance plan. After double checking all of the information, my appointment was finalized.

On the morning of my appointment, I received a call from a woman stating she was "my doctor's office." She had a few questions regarding my insurance. I was a little confused by the wording of the call. However as I talked to the woman on the phone, I realized that this was a call from Planned Parenthood and they were being intentionally vague at first, because I had not yet confirmed that this phone number was a safe one to disclose the organization's identity. As a safety precaution for patients who might be going to Planned Parenthood without the knowledge of someone close in their life, such as a parent, guardian, or significant other, Planned

Parenthood would not reveal their identity, in order to protect a patient from any disapproval or retaliation. Although this was not my situation, there is still a large taboo surrounding Planned Parenthood and reproductive health care in America and it was reassuring to see the measures the clinic had taken to protect its patients. After confirming all of my information, I was informed ahead of time that I would have a forty dollar copay for my appointment. There would be no surprises or extra fees to pay out-of-pocket when I arrived.

Upon arrival at the clinic the waiting room appeared to be quite busy with several different groups of people. The receptionist was quick to get me checked in, however, answering my questions and making sure that I understood how the appointment would go. My insurance information was already in the system from the call this morning and it was already determined that the cost of the IUC device and medical procedure would be covered. But, just in case something changed, I asked to fill out form regarding my income, and, based on my answers I would get a certain percentage off of the services. This is meant to help patients who cannot afford expensive medical services by offering discounts according to a patient's economic ability. After finishing up the paperwork, I took a seat and waited to be called back.

My only complaint is that I had to wait an extra ten minutes past my appointment time to be called back. However there seemed to have a quick turn over rate with patients leaving the clinic and new patients coming in the door constantly. The nurse who took care of me once I was back in one of the doctor's room was very personable and kind. She made sure that I felt comfortable and safe through the whole appointment and was still present when the doctor came into the room for the procedure. The doctor also did her job well and once it was finally time for the procedure it only took fifteen minutes. On my way out I was given plenty of literature about

IUC and Planned Parenthood in case I had any questions afterwards. I only had to pay my forty dollar copay as promised and then I was out the door.

My experience with Planned Parenthood was very professional and considerate. I felt like I was treated as a human being, and not just a patient that the clinic was going to make money from. It was very impressive that the staff went out of their way to protect my privacy so well and to make sure that their services were as affordable as possible. After my visit to Planned Parenthood, my desire to protect what they do for reproductive health care has only increased and I will be sure to recommend them first to any person who asks me for a recommendation of birth control providers.

Protecting Planned Parenthood

As mentioned previously, one of President Trump's administration's goals is to scale back and ultimately repeal the Affordable Care Act. This includes an attempt to limit the federal funding of Planned Parenthood. Both these actions would make it much more difficult for patients to go to Planned Parenthood, and, more importantly, to afford contraceptives at all. The largest problem with attacking and defunding Planned Parenthood is that the services it provides "cannot be immediately replaced by community health clinics or other providers in under-resources counties" as argued by politicians who are in support of the defunding (Kapadia and Silver 1040). Planned Parenthood fills a unique niche of focusing on reproductive health care while other community health clinics are often too overworked providing all types of health care services to meet the same needs at the same level that Planned Parenthood does. To begin with, not all cities that have Planned Parenthood clinics also have community health clinics, and

those that do are limited in the amount of contraceptives they provide: “twenty-five percent do not provide oral contraceptives on-site, only nineteen percent provide all contraceptive methods on-site, and only fifty percent provide on-site intrauterine device or contraceptive implant services” (Kapadia and Silver 1041). These numbers are woefully lower than what Planned Parenthood is currently providing. Defunding the organization would not only strain the capabilities of community health centers, but it would immediately reverse the trend of contraceptive use in the country that has been increasing since the introduction of the Affordable Care Act.

Further research into the claim by lawmakers that community health centers could take over the void left behind by defunding or limiting people’s ability to use Planned Parenthood comes in an article by Sara Rosenbaum written at the beginning of last year. She finds that “between 2013 and 2015 alone, as insurance reforms of the Affordable Care Act kicked in, the number of patients served by health centers grew over 2.5 million, or more than ten percent” (Rosenbaum 2). Of this growth “Planned Parenthood cared for at least half of all women who depend on publicly funded family planning services from a health care provider” (Rosenbaum 3). It is clear that closing Planned Parenthood clinics would require the community health centers to make up for the loss of health care to half or more of all women in communities where the clinic is located. Right now it is just not feasible for this to happen. Also consider the fact that in some areas where Planned Parenthood clinics are located there are no community health centers nearby. Furthermore, “there has been no indication that the exclusion of Planned Parenthood will be accompanied by additional grant funding to support either expanded capacity or service areas” for community health centers (Rosenbaum 4). This is why I argue that Planned

Parenthood is a realistically accessible reproductive and contraceptive resource and should be protected from any defunding. This also includes any changes made to the Affordable Care Act that would impact young adults' insurance coverage.

Conclusion

The Affordable Care Act has gone through many changes and challenges in order to be passed as a bill by both political parties in Congress and President Obama. Once enacted, one of its benefits has been greater opportunity for young adults to be insured under their parent's insurance until age twenty-six years old. This has had the unintended side effect of increasing the use of more expensive, long-term contraceptives and decreasing the fertility rate in this same age group. Wealth and insurance status should not be deciding factors when a young person is choosing whether or not they are ready to have a baby, and so it is the Affordable Care Act that has offered more equal access to contraception across the country.

Tied in to the effects of the Affordable Care Act is Planned Parenthood, an organization that operates clinics across the country to provide affordable reproductive health care services to more people than traditional doctors or generic community health centers. Roughly one fourth of all the services provided in the last year by Planned Parenthood are contraceptive related and this data agrees with the research that demonstrates an increase in contraceptive use. Planned Parenthood and the Affordable Care Act are just one facet of reproductive rights that are being threatened in American at this time, but they both need to be protected. There could be very real impacts such as an increase in the number of accidental or unwanted pregnancies and abortions if

the government limits access to contraceptives again. This would have effects not only on adults of all ages in America, but more personally on myself and my peers.

Works Cited

- "2016-2017 Annual Report." *Planned Parenthood Federation of America Inc.*, 2018, pp. 1–44.
- Abramowitz, Joelle. "Planning Parenthood: the Affordable Care Act Young Adult Provision and Pathways to Fertility." 9 Nov. 2017, pp. 1–27.
- Cannan, John. "A Legislative History of the Affordable Care Act: How Legislative Procedure Shapes Legislative History." *Law Library Journal*, vol. 105, no. 2, July 2013, pp. 131–173.
- Jones, Jeffery M. "More Disapprove Than Approve of Obama on Healthcare." *Gallup.com*, Gallup Poles, 21 July 2009, news.gallup.com/poll/121814/more-disapprove-than-approve-obama-healthcare.aspx.
- Joust, Timothy Stoltzfus, and Simon Lazarus. "Trump's Executive Order on Health Care: Can It Undermine the ACA If Congress Fails to Act?" *The England Journal of Medicine*, vol. 376, no. 13, 30 Mar. 2017, pp. 1201–1203.
- Kapadia, Farzana, and Diana Silver. "Planned Parenthood Is Health Care, and Health Care Must Defend It: a Call to Action." *AJPH Perspectives*, vol. 107, no. 7, July 2017, pp. 1040–1041.
- Roff, Peter. "Poll Finds Voters Against Obamacare, as Trust in Democrats Drops." *U.S. News & World Report*, U.S. News & World Report, 14 Aug. 2009, www.usnews.com/opinion/blogs/peter-roff/2009/08/14/poll-finds-voters-against-obamacare-as-trust-in-democrats-drops.
- Rosenbaum, Sara. "Can Community Health Centers Fill the Health Care Void Left by Defunding Planned Parenthood?" *Health Affairs Blog*, 27 Jan. 2017, pp. 1–7.

“What Is Planned Parenthood's Mission Statement?” *Planned Parenthood*, Planned Parenthood Federation of America Inc., 2018,
www.plannedparenthood.org/about-us/who-we-are/mission.